

<b>Case Number:</b>	CM15-0192281		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	04/23/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 32 year old female, who sustained an industrial injury on 04-24-2014. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for bilateral wrist sprain-strain, left wrist MRI-dorsal ganglion and subchondral cyst, bilateral lateral epicondylitis "MRI negative", left dorsal ganglion cyst "positive MRI", rule out bilateral carpal tunnel syndrome, and left DeQuervain's. Treatment and diagnostics to date has included wrist brace, elbow braces, physical therapy evaluation, and medications. No diagnostic study reports noted in received medical records. After review of progress notes dated 03-03-2015 and 07-28-2015, the injured worker reported bilateral wrist pain and weakness. Objective findings included pain over the lateral epicondyle with positive Phalen's test and Tinel's sign. The request for authorization dated 07-28-2015 requested MRI right wrist and bilateral elbow for decreased and painful wrist range of motion. The Utilization Review with a decision date of 09-18-2015 non-certified the request for MRI of right wrist and MRI's (2) of bilateral elbows.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the right wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist/Hand Chapter, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Summary.

**Decision rationale:** According to the guidelines, MRI of the wrist is optional when requested prior to a history and physical by a specialist. According to the ODG guidelines, it is recommended in those with chronic wrist pain in which the x-rays are not definitive or for fracture after trauma. In this case, the claimant was known to have carpal tunnel on exam and have a ganglion cyst on prior MRI (Results not provided.) There was no mention of surgery. The time of last MRI is unknown. The MRI of the wrist is not medically necessary.

**MRIs (2) of bilateral elbows:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS Elbow Complaints 2007, Section(s): Summary.

**Decision rationale:** According to the ACOEM guidelines, MRIs are recommended for collateral ligament tears. In this case, there is epicondylar tenderness. Physical findings do not suggest ligament tear. As a result, the request for an MRI of the elbow is not medically necessary.